Emerging Gaps in Vaccine Financing for Underinsured Children in the U.S.

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Number of Vaccines in the Routine Childhood & Adolescent Schedule

1985

Measles
Rubella
Mumps
Diphtheria
Tetanus
Pertussis
Polio

1995

Measles
Rubella
Mumps
Diphtheria
Tetanus
Pertussis
Polio
Hib
HepB
Varicella

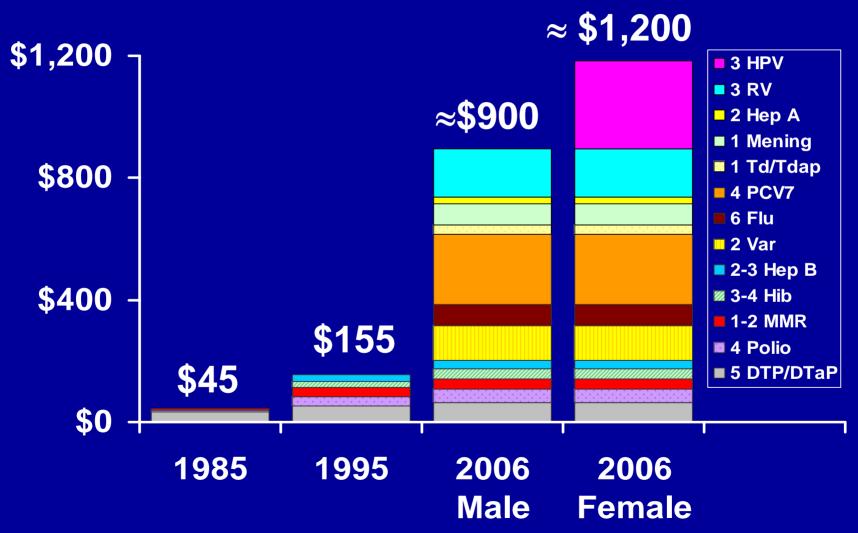
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2006

Measles Rubella Mumps **Diphtheria Tetanus Pertussis** Polio Hib **HepB** Varicella Pneumococcal disease Influenza Meningococcal disease **HepA** Rotavirus **HPV**



Federal Contract Prices for Vaccines Routinely Recommended for Children and Adolescents



Insurance Coverage of Childhood Vaccines

Type of Insurance Source of payment for cost of vaccines

Private—Fully insured

Health insurance—All

Private—Underinsured-

Health insurance—Some or None

Patient—Out-of-pocket

Public (Medicaid)

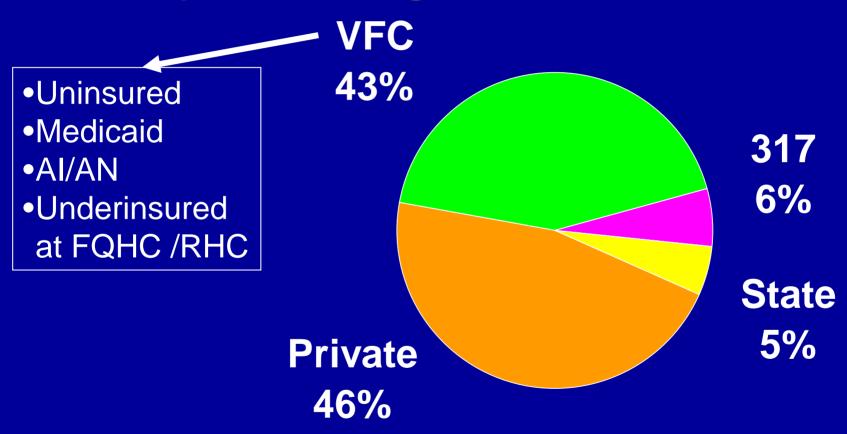
State (if 317/state funding available)

Uninsured

Vaccines for Children (VFC)

Vaccines for Children (VFC)

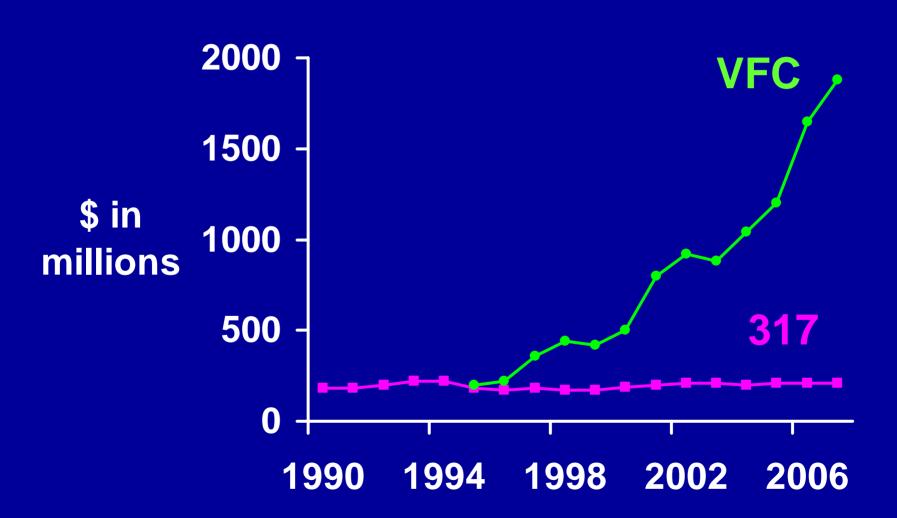
Childhood Vaccine Doses by Funding Source, 2005



Source: Vaccine manufacturers Biologic Surveillance Data 2005

Note: Does not include influenza vaccine

VFC and Section 317 Vaccine Funding to Immunization Programs



State Vaccine Financing Policy (1994-1999)

	VFC-eligible (public, private, FQHC/RHC)	Under- insured* (public)	Under- insured* (private)	Insured (private)
Universal	All	All	All	All
VFC enhanced	All	All	All	None
VFC only	All	None**	None	None

^{*}Health insurance does not cover vaccines; **Unless 317 or State \$ available

State Vaccine Financing Policy After PCV7 (≥2000)

	VFC-eligible (public, private, FQHC/RHC)	Under- insured (public)	Under- insured (private)	Insured (private)
Universal	AII	All	All	All
Universal select	AII	Some**	Some	Some
VFC enhanced	All	All	All	None
VFC enhanced select	All	Some**	Some	None
VFC only	All	None**	None	None

^{**}Unless 317 or State \$ available

Objectives

- 1. To describe variation among states in access to new vaccines for underinsured children
- 2. To identify barriers to state implementation of new vaccines

Methods

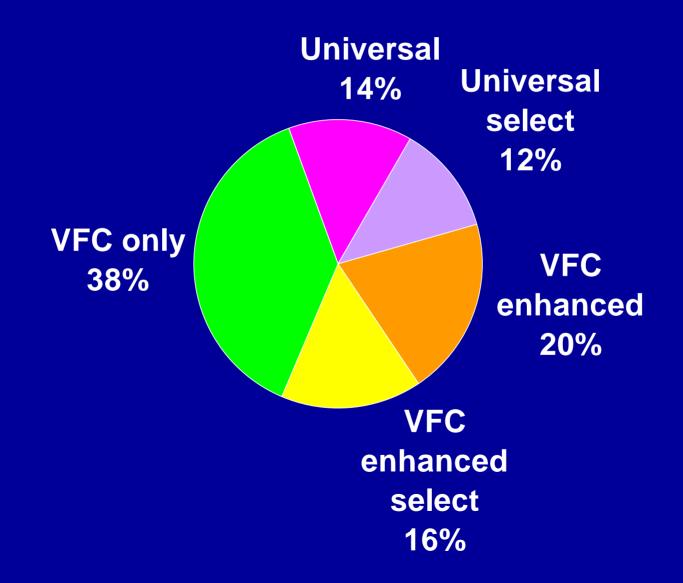
- 2-phase study of state & city immunization program managers in US
 - (1) Qualitative interviews (Nov-Dec 2005)
 - 1 hour phone interviews with 9 program managers
 - (2) National survey (Jan-Jun 2006)
 - Written survey & 1 hour semi-structured phone interviews
 - Status of implementation, barriers to implementation, changes in vaccine financing policy

Results

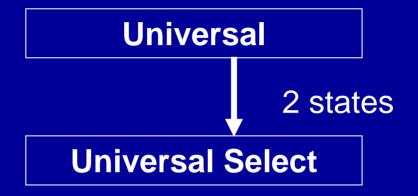
- Overall response rate 89%
 - 48/50 (96%) state grantees in Phases 1 & 2
 - -2/6 (33%) city grantees in Phase 2

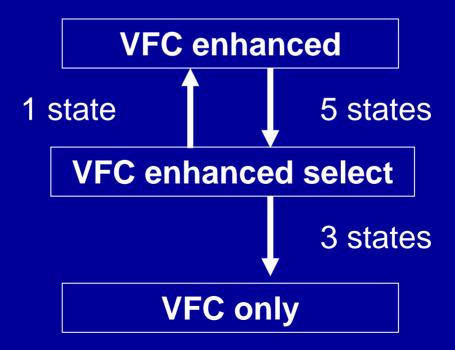
- Immunization Program Mangers
 - 0-27 years (Median 5 years)

Vaccine Financing Policy (2006)

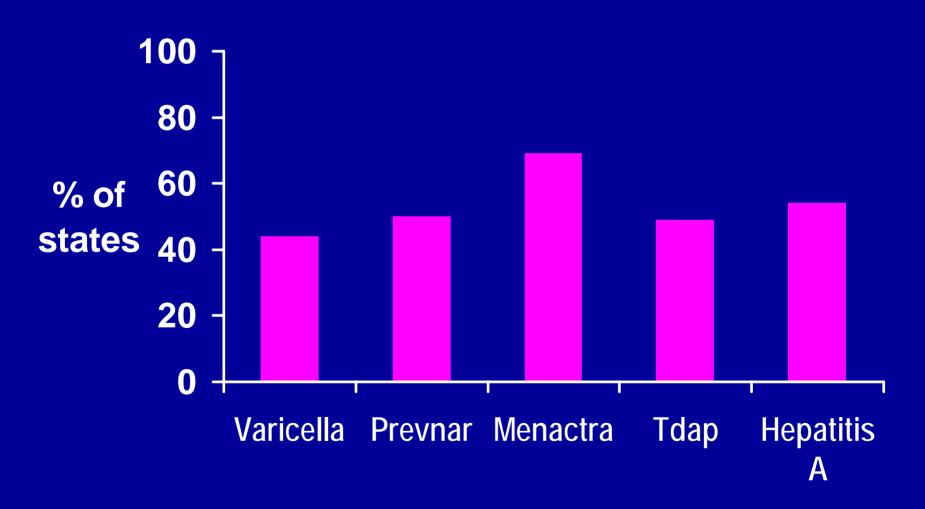


Changes in Vaccine Policy

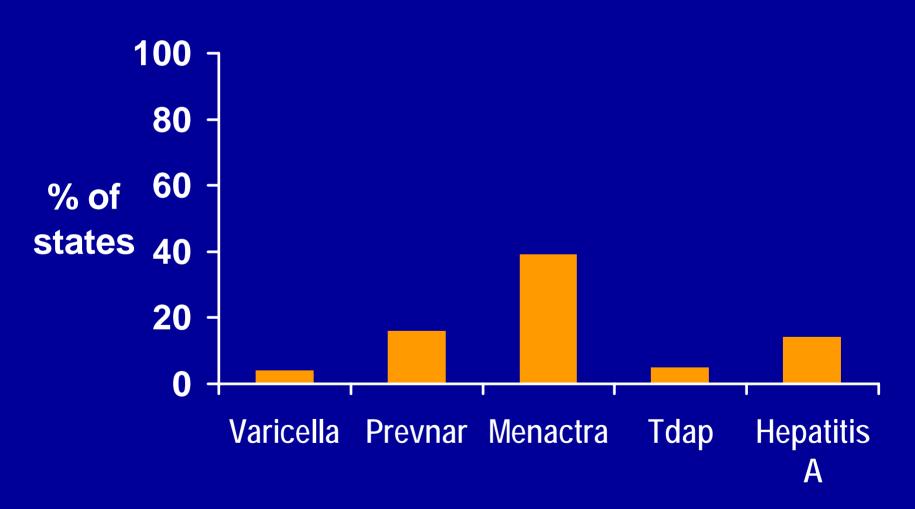




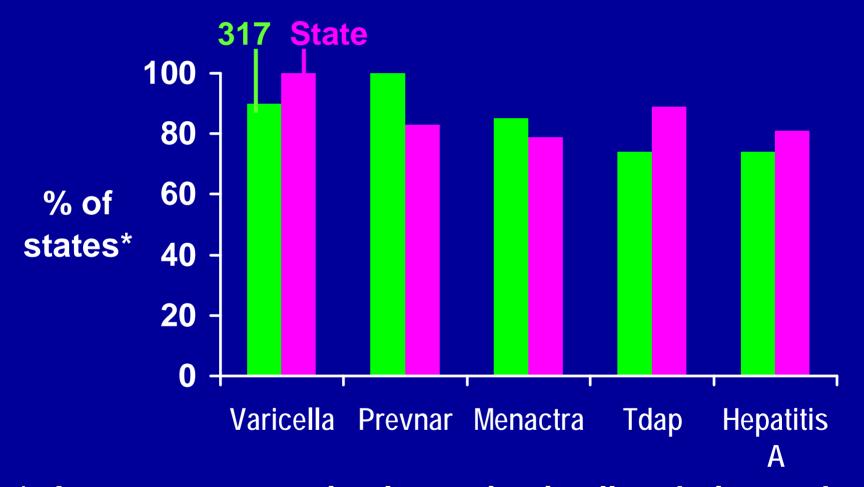
Underinsured Children Not Covered via Private Providers



Underinsured Children Not Covered in Public Clinics



Funding Gaps as a Barrier to Implementation in the Underinsured



^{*} Among states not implementing in all underinsured

Strategies to Address Limitations in Financing

Strategy	# States
Limiting provider vaccine choice	27
Annual state appropriations	25
Expanding FQHC/RHC designations	13
Negotiating state contract w/manufacturer	11
Decreasing adult vaccine purchase (n=32)	9
Annual health plan appropriations	4
Other: Billing insurance companies	
for vaccine in public sector	

Expanding Designations of FQHCs or RHCs (N=13)

 To increase the number of sites where underinsured children could receive VFC vaccine

 Some public VFC providers 	9
 All public VFC providers 	3
 All private and public VFC providers 	1

Conclusions

- Current vaccine financing system is resulting in a growing gap for underinsured children in the US
 - ~2.3 million children are unable to receive MCV4 in the private sector
 - ~1.2 million children are also unable to receive MCV4 in the public sector

Conclusions (2)

- Limitations in 317 and state funding contribute to this gap
- Expansion of access through funding and/or legislation is needed to protect this increasingly vulnerable population

Study Collaborators

- AIM
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- CDC
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